

RONALD FANTOZZI

18 OF 18



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: Community Clinical Services
100 Campus Avenue, Suite 208
Lewiston, ME 04240
(207) 777-8974

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500685102-0001
THROUGH 500685102-0006.

THE MARKER-HOFF GROUP, INC

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WWW.MARKER-HOFF.COM

PROGRESS NOTE

Ronald Fantozi
D.O.B. [REDACTED] 62

April 16, 1999

SUBJECTIVE: Mr. Fantozi had originally been scheduled for a brief follow up visit, however, his chart had been inactive for three years. When he came to the session late, he was rescheduled for April 16th and that since he had been out of the practice for three years that we would need to do another psychiatric evaluation to update us on the last three years. He was due to be seen at 3:15 p.m. today, however, he was a no-show/no-call.

LB:mjh


Luke Ballenger, III, M.D.

500685.102.0001

PROGRESS NOTE

10/13/95

FANTOZZI, RONALD

States Serzone made him anxious, and he stopped it after about a week. He did not go up to the higher dose of 150 mg. He states he slept about 5 hours last night straight through. He still has initial insomnia. Energy level is about 70% of baseline. Appetite is about 70% of baseline. Denies any suicidal or homicidal ideation. Anxiety: He rates it on a scale of 100, with 100 being the maximum amount of anxiety. He states he's nervous over the smallest things. Denies any racing thoughts or grandiosity. Concentration is fair most of the time, but does have decreased concentration at other times. He states he takes Hydroxyzine on occasion, 10 mg and not the 25 mg which he was given a prescription for last time. He has not filled that prescription yet. He states that the Hydroxyzine does help with anxiety. He's had one major attack since his last visit and that was in the morning after he drank two mixed drinks the previous nights. His symptoms included shortness of breath, diaphoretic problems, tachycardia, and dizziness. These symptoms lasted for about 2 hours. He is strongly encouraged not to drink alcohol, since some of these symptoms could be withdrawal side effects. He states he's had minor attacks, mainly chest pain associated with them, but no other symptoms. These can occur several times per day, and usually will last a few minutes, however, he still has background anxiety.

ASSESSMENT: Patient is still anxious and has difficulty with side effects from medicine.

PLAN:

1. Continue Hydroxyzine prn.
2. I discussed with the patient the possibility of using Trazodone at bedtime for sleep. He was informed that this is somewhat similar to Serzone. He was also warned about the potential sedating effects of the medicine, no driving while on it, as well as to be careful with sudden changes in position. He was given Rx for Trazodone, 50 mg PO at hs prn insomnia, 30 tabs prescribed. Follow up with me in 4 weeks.

LB/sb


LUKE BALLENGER, M.D.

PROGRESS NOTE

9/25/95

FANTOZZI, RONALD

The patient was seen today. I previously had a phone conversation with Mrs. Fantozzi in mid September in regards to his panic attacks. At that point, I had okayed the patient taking two Vistarils, 10 mg tabs. Today, he states he's had two major panic attacks since my initial visit with him on 9/7. He took Xanax once with fairly prompt relief. He quit taking Desipramine because of increasing anxiety. Also, Hydroxyzine did work but apparently slowly. He also complains of difficulty getting erections with Desipramine. Benefits and side effects of various antidepressants were discussed with him. He was informed that most of the psychotropic medications do have potential for sexual dysfunction. He states he is sleeping about 4 to 5 hours per night which is what he was sleeping previously. He has a good appetite, eating 3 meals per day. He has normal energy level. He has not missed work. Denies any suicidal or homicidal ideation. He has good self-esteem. No helplessness. No hopelessness. I discussed my concerns with the patient about being on a regular dose of Xanax because of potential for addiction, and the patient was agreeable to a trial of Serzone. Benefits and side effects were discussed with him on that medication. He was given 2-week sample supply of Serzone.

ASSESSMENT: Patient still has panic attacks but mainly appears to have minor panic attacks.

PLAN:

1. Serzone, 100 mg PO bid x7 days; increase to 150 mg PO bid. Given one week supply of the 100 mg tabs and one week supply of 150 mg tabs starter kit.
2. F/U with me in 2 weeks.

LB/sb

Luke Ballenger MD
LUKE BALLENGER, M.D.

INITIAL PSYCHIATRIC EVALUATION

FANTOZZI, RONALD

DOB: [REDACTED]/62

9/7/95

IDENTIFICATION: The patient is a 33-year-old married white man with a chief complaint, "I was having anxiety attacks."

HISTORY OF PRESENTING ILLNESS: The patient has been having anxiety attacks for the past 3 years, however, they have been getting increasingly more severe in the last 2 or 3 months. He's now had six full anxiety attacks last month. These consist of tachycardia, numbness in the fingers, passing out without head trauma, diaphoretic palms, and headaches. These symptoms last anywhere from several minutes to a couple of hours. He has a history of generalized mild anxiety, but nonfocalized attacks and not as severe as the current ones. He has been working with organic solids at a plastics company and works with polyurethane plastics. He has a history of having colds, but now they have progressed to bronchitis with a productive cough. He denies any other acute stressors. The anxiety attacks in the past have been controlled by deep breathing, however, that is no longer efficacious. There is one recent event where OSHA came by his work place and made some recommendations, such as wearing steel toe safety shoes, as well as a couple of other safety recommendations, but these did not address any solvent hazards. He denies any suicidal ideation. Denies any history of attempts. Denies any homicidal ideation. Denies any crying spells. He's sleeping about 5 hours per night which has been low normal for him. He has middle insomnia, but no initial insomnia. He denies any concentration problem, decreased energy, or anhedonia. He has good self-esteem. He likes to go fishing. Denies any helplessness or hopelessness. He does have an intermittent appetite disturbance, but no weight loss. He denies any psychotic symptoms when asked. He denies a history of manic symptoms when asked. These anxiety attacks can occur at work, and he has to go to the office when he has an attack. He's not been to work this week except for very briefly on Tuesday. He admits to occasional alcohol usage, about one beer per month. He denies any OUI arrests. He denies any history of drug abuse.

PAST PSYCHIATRIC HISTORY: None. He's been on Xanax, 0.25 mg prn, and he was given a prescription for 10 of these several days ago. He has 8 of them left. He's been on Zoloft, 400 mg per day for about 2 days for his anxiety, but quit due to neck pain. That was 5 months ago.

(SEE NEXT SHEET)

500685.102.0004

FANTOZZI, RONALD
9/7/95
PAGE 2

PAST MEDICAL HISTORY: He has a history of recurrent bronchitis and Crohn's disease. He denies any history of hypertension, diabetes, epilepsy, hepatitis, or tuberculosis. He denies any head trauma. He has no known drug allergies.

CURRENT MEDICATIONS: Xanax .25 mg prn.

SURGERY: Partial colon resection of 1 1/2 feet and cholecystectomy.

FAMILY HISTORY: No history of psychiatric problems in the family. No suicides. No alcohol abuse. No drug abuse. No pulmonary problems in the family. No cancer. No myocardial infarctions. No diabetes mellitus.

SOCIAL HISTORY: He was born in New Britain, Ct. He moved with his family to Lewiston, Maine when he was quite young. He has a ninth grade education. He was nonspecific as to the reason why he stopped at that age. He did have to repeat the second grade. He went to work at about age 18. Apparently, he stayed at home for 2 to 3 years, doing odd jobs before he started a regular job. Denies having a GED. He's been married once to his current wife of 10 years. He has three children. He has a 12-year-old daughter by another woman prior to marrying his current wife whom he sees about once every other week. He has a 7-year-old boy and a 5-year-old daughter by his wife. He denies any history of abuse as a child. He denies any current legal problems. He was not raised in any particular church as a youngster, though he attends occasionally now. He lives in Lewiston with his wife and two children. His longest job has been for five years.

REVIEW OF SYSTEMS: Significant for diarrhea. He has migraine headaches on occasion, but denies any paresthesias outside of the anxiety attacks. Denies any urinary complaints or pulmonary complaints.

MENTAL STATUS EXAMINATION: He is alert and oriented to person and place but not time. He said it was August and could not state the date in 1996. His mood was "happy." His affect was blunted. His speech was normal rate, tone, and prosody. Behavior: Occasional fidgeting. He was dressed casually and had good eye contact. Thought processes were goal directed. Thought content: Not suicidal or homicidal. He had anxiety symptoms with

(SEE NEXT SHEET)

FANTOZZI, RONALD
9/7/95
PAGE 3

diaphoretic palms, tachycardia, and numbness in the fingers as well as headaches. He had middle insomnia, but denied any other symptoms of depression. Denied any manic symptoms or any psychotic symptoms. On cognitive examination, immediate recall was 3 objects out of 3 objects at 0 minutes; delayed recall was 3 objects out of 3 objects at 5 minutes. Short-term memory was fair for yesterday's events. Long-term memory was fair for life events. President recall was back to Mr. Carter with prompting. Proverbs: He had no response to people who live in glass houses should not throw stones. He was able to abstract to don't cry over split milk. Serial 3's were done at average speed with one mistake. Digit span was 7 numbers forward and 3 numbers in reverse.

IMPRESSION: This is a 33-year-old married man who has signs and symptoms of a panic disorder. He did admit to some agoraphobic symptoms with restriction in his going out because of his fear of having an attack in a crowded place. There appears to be no history of alcohol or drug abuse.

DIAGNOSES

Axis I: Panic disorder with agoraphobia.

Axis II: Deferred.

Axis III: Bronchitis.

Axis IV: Job stressors.

Axis V: Current GAF of 45/highest in past year 80.

PLAN:

1. Desipramine, 50 mg, 1 tab PO qhs x7. Then increase to 2 tabs PO qhs, 25 tabs prescribed. Patient was informed of benefits and side effects of Desipramine and possible sedation from it.
2. Hydroxyzine, 10 mg PO q6h prn anxiety, 40 tabs prescribed. Patient was informed of benefits and side effects of this medication, including the risk of drowsiness, and was urged to use caution with this while at work.
3. F/U in 2 weeks.

LB/sb

Luke Ballenger
LUKE BALLENGER, M.D.



STYLE OF CASE: Michael W. Harris, et al.

VS.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: Maine Medical Center
Health Information Management
(Medical Records Department)
22 Bramhall Street
Portland, ME 04102
(207) 871-0111

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

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THROUGH 500685034-0034.

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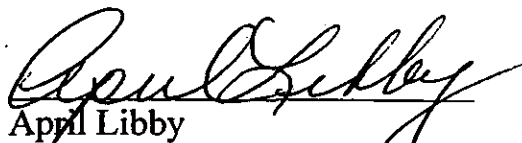


Maine Medical Center
CERTIFICATION

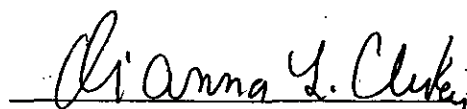
I, April Libby, do hereby certify that:

1. I am the Release of Information Supervisor for Maine Medical Center, 22 Bramhall St., Portland, Maine, a hospital licensed under the laws of the State of Maine.
2. I am the custodian of the records attached hereto.
3. The records attached hereto are true photostatic copies of ASU of 10/06/97. 34 pages are attached. The records attached are a complete and accurate copy of the following portions of the medical record: ASU.
4. The records were made at or near the time of the treatment provided to Ronald Fantozzi date of birth 04/16/62 by, or from information transmitted by, a person with knowledge of such treatment.
5. The records were kept in the course of the regularly conducted activity of Maine Medical Center.
6. The records were made by Maine Medical Center as a regular practice.

Dated at Portland, Maine this 29th day of August, 2003.


April Libby
Release of Information Supervisor

April Libby personally appeared before me August 29, 2003

 Notary Public

Dianna L. Clukey, Notary Public
State of Maine
My Commission Expires 4/27/2006



ASU -5686
10/06/97 07:53

MAINE MEDICAL CENTER
ADMISSION/DISCHARGE RECORD
FACE SHEET

(QBP\$\$P)

FANTOZZI RONALD M
40 POLAND RD

ASU-O ADM:10/06/97 07:53 043236330002

AUBURN ME 04210
SEX:M AGE:35 F/C:Q
MARITAL: M BORN: /62
RELIG:NPR
GUAR: FANTOZZI RONALD M
KIN: FANTOZZI DEBRA
2077823873 W
006542724

(DATE) (ATTENDING PHYSICIAN) (SERV)
10/02/97 MAILHOT PAUL MD

PRINCIPAL DIAGNOSIS:

② Ureteral Calculus

ASSOCIATED DIAGNOSES:

Crohn's Disease

ALL COMPLICATIONS:

φ

ALL OPERATIVE PROCEDURES:

ESWL

RESULTS:
IMPROVED ☒ UNIMPROVED ☐

DISCHARGE PHYSICIAN SIGNATURE

RESIDENT SIGNATURE

SERVICE APPROVAL SIGNATURE

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FACESHEET - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMR	REQ: 536793 - DET: 4312734 - ITEM: 10082460 - ELEM: 45591257 - FLAGS: IN	

500685.034.0001

ASU

Maine Medical Center
Nursing ServicesAmbulatory Surgical Unit
ADULT NURSING RECORD

Page 1 of 2

FANTOZZI RONALD M
043236330001
MAILHOT PAUL MD
SPM: _____
PAUB
V62 M NPR
DT: _____
TN: _____Date: 10/6/97 Procedure: ESWLAnesthesia Type: General ☒ Spinal ☐ Local/MAC ☐ Epidural ☐

POST-OP NURSING OBSERVATIONS

24-hr time: To OR _____ To PACU _____ To ASU 1135

Vital Signs	PRE-OP ADM	ON RETURN FROM OR	POSTOPERATIVE			
24-hr time:	0810	1040	1135	1235		
Temperature	36	36	36	36.4		
Blood Pressure	136/74	126/60	124/70	100/60		
Pulse	80	91	66	88		
Respirations	20	20	20	20		

Fluid Balance

	PRE-OP ADM	ON RETURN FROM OR	POSTOPERATIVE	TOTAL
24-hr time:	0810	1040	1135	1235
PO	—	—	200	480
IV	500	—	50	550
Urine Output	—	—	100	400
Emesis	—	—	0	0

IV Location: Distal - site 05 Solution/Rate: LRAmount Carried Over: 500 Surgical Dressing: _____

ASSESSMENT OF DISCHARGE CRITERIA KEY: 1 = Criteria Met 0 = Criteria Not Met

24-hr time:	1040	1135	1235				
Patient's vital signs are stable X one hour	1	1	1				
Patient has no significant bleeding/appropriate to procedure	1	1	1				
Patient rates discomfort at a level that can be managed at home	1	0	1				
Patient taking fluids with minimal or no nausea/vomiting	1	1	1				
Patient's mobility is appropriate for discharge	0	1	1				
Patient has voided or has no distention	0	1	1				
Patient/escort verbalizes understanding of discharge instructions	0	1	1				
Minimum discharge score needed: 7	Totals	4	6	7			
Initials	Signature	Initials	Signature	Initials	Signature		

Criteria met at 24-hr time: 1235 M.D. notified of score < 7 0Discharged 24-hr time: 1235 If delay, why? 0 Name of responsible adult escort Debra-witeWritten Discharge Instructions reviewed and given to patient/escort ☒ Copy in record ☒

Prescription(s) given to patient (please list)

Aspirin
Chlorzoxazone
Meclizine/Contaminant for phone[Signature] Signature [Signature] R.N.

148681 * 1/94

AMBULATORY SURGERY REC*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97/Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312735 - ITEM:10082448 - ELEM:45591176 - FLAGS:IN	

500685.034.0002

**MAINE MEDICAL CENTER
MEDICAL RECORD SERVICES**

• HP

PREOPERATIVE HISTORY & PHYSICAL

MANTOS, RONALD

**LOCATION: ASU
ADM:**

CHIEF COMPLAINT: Left ureteral calculus.

HISTORY OF PRESENT ILLNESS: This is a 35-year-old white male with known Crohn's disease who was recently hospitalized at Central Maine Medical Center because of left renal colic. A 9-10 mm obstructing left ureteral calculus was noted just below the ureteropelvic junction. A double-J ureteral stent was inserted, and the patient is now being scheduled for ESWL.

PAST MEDICAL HISTORY: No known allergies, no tobacco history, and no alcohol intake. Medical problems include Crohn's disease and a history of hepatitis C. Past surgery includes abdominal surgery for small-bowel resections and a cholecystectomy.

CURRENT MEDICATIONS: Nasal spray, the name of which the patient does not recall.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Cardiovascular: Negative. Pulmonary: Negative. GI: Negative. Musculoskeletal: Negative. Central nervous system: Negative.

PHYSICAL EXAMINATION: A well-developed, well-nourished white male in no acute distress. The skin is warm and dry. The head, eyes, ears, nose and throat are normal. The neck is supple without masses. The lungs are clear to auscultation. The heart shows a regular heart rhythm without murmurs or gallops. There is fixed splitting of S1. Pulses are equal bilaterally. The abdomen is soft without obvious masses, visceromegaly or suprapubic fullness. The back reveals no costovertebral angle tenderness. The genitalia reveal a normal uncircumcised penis with normal testes bilaterally. Rectal examination reveals a normal prostate and no rectal masses. Extremities reveal no clubbing, cyanosis or edema. Lymph nodes - none are palpable. Neurological exam is nonfocal.

IMPRESSION: Left ureteral calculus.

TREATMENT PLAN: Extracorporeal shock-wave lithotripsy.

The procedure, alternatives, risks and possible complications including possible postoperative discomfort, hematuria, urinary

HP

ORIGINAL

Page 1 of 2

HISTORY AND PHYSICAL - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312737 - ITEM: 10082462 - ELEM: 45591266 - FLAGS: IN	

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MAINE MEDICAL CENTER
MEDICAL RECORD SERVICES

HP

PREOPERATIVE HISTORY & PHYSICAL

MANTOS, RONALD

LOCATION: ASU
ADM:

tract infection, possible renal injury or later development of hypertension have been explained to the patient.

Dictated by: PAUL R. MAILHOT, M.D.



PRM/caw - 181989

d: 10/03/97

t: 10/03/97

f:

cc: MICHAEL J. BOULANGER, M.D.

PAUL R. MAILHOT, M.D.

MMC PAU

PRELIMINARY REPORT UNTIL SIGNED BY ATTENDING PHYSICIAN

HP

ORIGINAL

Page 2 of 2

HISTORY AND PHYSICAL - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
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HP

Maine Medical Center
HISTORY AND EXAMINATION SHEET
Page 1 of 2

FANTOZZI RONALD M PAUB
043236330001 /62 M NPR
MAILHOT PAUL MD DT: / /
SPM: TM: :

Date, 24-Hour Time	Information to include: C.C., P.I., P.H., F.H., S.H., O.H., System Review, P.E.* and Signature
10/6/99	<p>Brief of plate Procedure - FSU Differential Calculus Lesson - Marbury Height - Sedona Notes - Good</p> <p>Marbury</p>

HP 147010 6/96

*P.E. to include: head, neck, chest, abdomen, extremities, skin, cardiovascular, genitourinary, skeletal, neuromuscular systems, pelvic and rectal examinations.

PROGRESS NOTE* T - Page 1		Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M		MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR		REQ: 536793 - DET: 4312739 - ITEM: 10082491 - ELEM: 45591505 - FLAGS: IN	

500685.034.0006



Signal Medical Services, Inc.

Mobile Lithotripsy Unit

FANTOZZI RONALD M
043236330002 ASU-0
MAILHOT PAUL MD DT: 1/1
SPM: TN: 1/1

Date: Monday October 6, 1997 ESWL Number: Y63
Hospital Mobile Site: Maine Medical Center
Patient Name: Fantozzi, Ronald M Soc. Security No. 00 6542724
Address: 40 Pelham Rd Auburn Me 04210 Phone: 207-782-3873
Age: 35 Sex: M Height: 5'7" Weight: 147
Attending Urologist: Mailhot Anesthesiologist: Wickham
Treatment Side: Right Left Bilateral Ipsilateral (if bilateral or ipsilateral, complete a separate form for each stone)
Staged: Colic disease # 1 Retreatment: TX#1

Anesthesia Type: General Spinal Epidural Local (MAC)
Time: In Trailer 9:20 Out Trailer 10:30
Anesthesia Started: 9:25 Anesthesia Ended: 10:35
Total Anesthesia Time: 10
ESWL Started: 9:30 ESWL Ended: 10:30 Total Procedure Time: 60
Delays: YES NO If YES, reasons why:
Fluoroscopy Time: (minutes) 12 Number of Spot Films: — KV 121 MA 25

Stone	Electrode #	shocks at	kv
Stone 1	10	2	kv
Stone 1	10	4	kv
Stone 1	10	6	kv
Stone 1	10	8	kv
Stone 1	460	9	kv
Stone 1	2500	7	kv

I CGy x cm2

II CGy x cm2

*Physically moving
many steps to
adjust anesthesia*

Total Number of shocks: 3000
Voltage: 2 Minimum 9 Maximum

Ureteral Catheterization: Right Left Bilateral Percs? Right Left
Stents? Right Left Date of insertion: 9/19/97
Swelling: None S M L Erythema: None S M L Entrance Petechiae: — Exit Petechiae: —
Hematuria: YES NO CLOTS Many small clots

ESWL RENAL STONE LOCATIONS(S)

Classification: Right Left

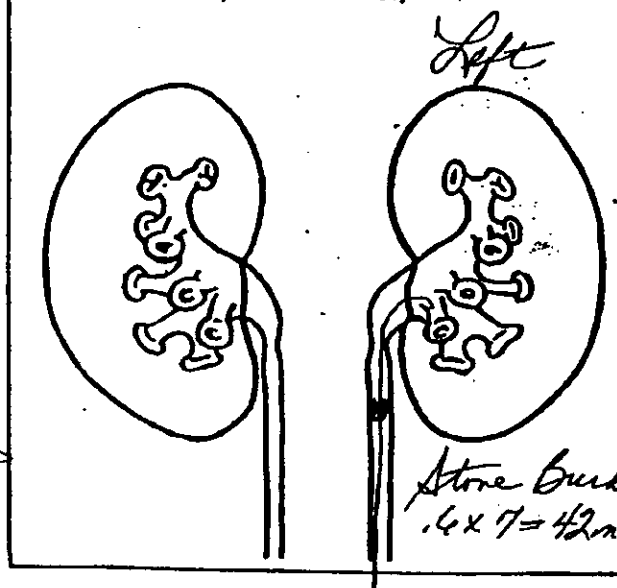
Pelvic
Calyceal
Ureteral ✓
Upper ✓
Middle
Lower
Stone Composition
Maximum Stone Length & Width
Associated Anatomic Abnormalities:

Complications:

Comments:

Physician Signature: Paul Mailhot

PLEASE DRAW IN STONES AND STENTS
(Write in stone size)



*Stone Burden
.4 x 7 = 42mm²*

OPERATIVE REPORT - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
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500685.034.0007

MAINE MEDICAL CENTER

10-7-97 11:08am p. 1 of 1

MAINE MEDICAL CENTER
MEDICAL RECORD SERVICES
OPERATIVE REPORT

OR

FANTOZZI, RONALD
043235330062
0432-36-33

LOC: ASU
DATE: 10/06/97

SURGEON: PAUL R. MAILHOT, M.D.

CO-SURGEON:

ASSISTANT:

ANESTHESIA:

PREOPERATIVE DIAGNOSIS: Left upper ureteral calculus.

POSTOPERATIVE DIAGNOSIS: Same.

NAME OF PROCEDURE: Extracorporeal shock-wave lithotripsy.

After adequate sedation, ESWL was commenced, but it was noted that the patient could not tolerate a maximum of power, and that he required a great deal of sedation and a propofol drip in order to control his involuntary movements. A total of 3000 shock waves were administered at a power of 7. A fluoroscopy time of 1.2 minutes was utilized during the procedure. There were minimal cutaneous changes and the patient tolerated the procedure well and without complications. Gentamicin 80 mg was administered intravenously intraoperatively. The patient left the lithotripter suite to go directly to ASU.

The treatment plan is to maintain Cipro prophylaxis while the patient has an indwelling stent, Percocet as needed for pain, and office evaluation with x-ray in one week.

Dictated by: PAUL R. MAILHOT, M.D.

Paul R. Mailhot

PSM/caw - 182553
J: 10/06/97
C: 10/07/97

cc: MICHAEL J. BOULANGER, M.D.
PAUL R. MAILHOT, M.D.

PRELIMINARY REPORT UNTIL SIGNED BY ATTENDING PHYSICIAN

OR

CC TO: PAUL R. MAILHOT, M.D.

Page 1 of 1

OPERATIVE REPORT - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
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Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312741 - ITEM:10082479 - ELEM:45591443 - FLAGS:IN	

500685.034.0008

ANES

Maine Medical Center
Anesthesia Record

Page 1 of 4

Ronald
FANTOZZI RONALD M PAUB
043236330001 62 M NPR
MAILHOT PAUL MD DT: / /
SPH: TN: :

INTERVIEW DATE		10-6-97		LAST SOLIDS		LAST LIQUIDS		OR #		24-HR TIME		
ASA PHYSICAL STATUS		ANESTHESIA PERMIT		LAST SOLIDS		LAST LIQUIDS		OR #		24-HR TIME		
1 2 3 4 5 6 E		YES <input type="checkbox"/> NO <input type="checkbox"/>		2100		2100		E2411				
PROPOSED OPERATION												
MEDICAL HISTORY												
234/62mmHg												
pmh: 1) guttamaning 3maga												
2) coarctid												
SURGICAL/ANESTHESIA HISTORY												
9/97 TSTENT - gane comp' 89 chole - gen												
'88 bawel. resection - gen												
MEDICATIONS												
ALLERGIES												
hayfever only												
CARDIOVASCULAR												
C. CRO												
RESPIRATORY												
guttamaning 3maga (approx) 200thru C. CRO												
AIRWAY Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower												
MEI handed												
Expect intubation to be: <input type="checkbox"/> Easy <input type="checkbox"/> Difficult												
RENAL/METABOLIC												
kidneys na resected; otherwise; glomerul; edema; thyroidid												
OTHER												
Enflur 2.5maga												
BP	PULSE	RESP	TEMP	MASS	Hgb/Hct	O2 SAT	ABG	FIO2	pO2	pCO2	pH	CHCO3
130/74	80	20	36.6	147m	14.8/42.2							
Chemistry: Na	K	Cl	CO2	BUN	Cr	BS						
140	4.5	103	3	16	0.7	31						
ECG												
nat 77, 32												
Xray												
Other												
Other												
Preoperative Management				Patient Agrees To:				Postop Pain Management				
				<input checked="" type="checkbox"/> GENERAL: froded <input type="checkbox"/> SPINAL <input type="checkbox"/> EPIDURAL <input type="checkbox"/> BLOCK <input checked="" type="checkbox"/> MAC				<input type="checkbox"/> EPIDURAL <input type="checkbox"/> CAUDAL <input type="checkbox"/> BLOCK <input type="checkbox"/> PCA <input type="checkbox"/> OTHER				
COMMENTS:												
aware of risks and complications and accepts MAC, general												
RESIDENT M.D.						ATTENDING M.D.						

147052 5/94

500685.034.0009

ANES

Maine Medical Center
Anesthesia Record

Page 2 of 4

PATIENT NAME LABEL

PERIPHERAL IV'S	LOCATION/COMMENTS: <u>20 @ arm</u>
	LOCATION/COMMENTS:
CENTRAL LINE/ PA CATHETER	LOCATION/COMMENTS:
	LOCATION/COMMENTS:
ARTERIAL LINE	LOCATION/COMMENTS:

CHECKLIST: <input checked="" type="checkbox"/> Machine # <u>26</u> <input checked="" type="checkbox"/> Gas Supply <input type="checkbox"/> Suction <input checked="" type="checkbox"/> Patient ID / PT. PROTECTION: EYES: <input type="checkbox"/> tape <input type="checkbox"/> lube <input type="checkbox"/> pad ARM POSITION: R Out/in <u>L Out/in</u> PADDING:	BASIC MONITORS: <input checked="" type="checkbox"/> BP Cuff (Auto/Manual) Loc: <u>RA</u> <u>LA</u> <u>RL</u> <u>LL</u> <input checked="" type="checkbox"/> ECG <input type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> O ₂ Meter <input type="checkbox"/> Vent Alarm <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Chest/Esoph Stetho	TEMPERATURE: <input type="checkbox"/> Axillary <input type="checkbox"/> Oral <input type="checkbox"/> Skin <input type="checkbox"/> HME/Humid. <input type="checkbox"/> Wm Fluid <input type="checkbox"/> Nasal <input type="checkbox"/> Rectal <input type="checkbox"/> PA Cath <input type="checkbox"/> Wm Blanket <input type="checkbox"/> Wm Room	OTHER MONITORS: <input type="checkbox"/> Direct Arterial <input type="checkbox"/> PACVP <input type="checkbox"/> SVO ₂ <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> Precordial Doppler <input type="checkbox"/> Expired Agent Analysis Other:
--	---	--	--

AIRWAY: <input type="checkbox"/> Mask <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Soft Block <input type="checkbox"/> LMA	ENDO TUBE: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Trach Size _____ mm Distance at teeth _____ cm Blade: # _____ <input type="checkbox"/> Mac <input type="checkbox"/> Miller <input type="checkbox"/> Stylet	TECHNIQUE: <input type="checkbox"/> Direct <input type="checkbox"/> Blind <input type="checkbox"/> Fiberoptic <input type="checkbox"/> RSI	BREATHING SYSTEM: <input type="checkbox"/> Circle <input type="checkbox"/> Adult <input type="checkbox"/> Pedi <input type="checkbox"/> Mapleson <input type="checkbox"/> Bain <input checked="" type="checkbox"/> Oxygen FM/Francis <input type="checkbox"/> Room Air
---	---	---	---

AIRWAY COMMENTS:

REGIONAL TECHNIQUES: TYPE _____ PATIENT POSITION _____ SKIN PREP _____ SITE/INTERSPACE _____ NEEDLE _____ CATHETER: Advanced _____ cm <input type="checkbox"/> Removed Intact Date/24-Hr Time _____ Initials _____ PARESTHESIA: <input type="checkbox"/> None <input type="checkbox"/> Transient <input type="checkbox"/> Insertion <input type="checkbox"/> Injection TEST DOSE _____ DRUG/DOSE _____	EVENTS/REMARKS: <u>10-10-97 0900 premedication induction of MAS beginning of procedure death</u>
--	--

DRESSING Comments _____	ABGS/Intraop Chems							
	24-Hr Time	FiO ₂	pH	pCO ₂	HCO ₃	pO ₂	Other	Other

147052 5/94

ANESTHESIA RECORD* T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312743 - ITEM: 10082444 - ELEM: 45591159 - FLAGS: IN	

500685.034.0010

ANES

Maine Medical Center
Anesthesia Record
Page 3 of 4

FANTOZZI RONALD M PAUB
043236330001 /62 M NPR IEL
MAILHOT PAUL MD DT: / /
SPN: TM: :

ANESTHETIST		SURGEON		DATE		
Murray, Owen		Mailhot		10/6/97		
OPERATION						
EBWU						
nasal O ₂ 3L						
Versed 2.7 mg						
Propofol 100 50%						
140/90 mm						
UR						
24-HR TIME 100						
START ANES	200					200
START SURG	180					180
BPA V	160					160
MEAN PRESS	140					140
PULSE	120					120
RESPIRATION	100					100
SPONT O	80					80
ASSIST O	60					60
CONTROL O	40					40
CONTROL O	20					20
SpO ₂ / ETCO ₂	98	97	97	97		
VENT						
FI O ₂						
PRESSURE						
PRESSURE						
TEMP						
EBL						
URINE OUTPUT						
ECG	SR	SR	SR			
EVENTS/REMARKS						
0.932, per MAC administration appropriate, depth						
REVERSAL:						
EXTUBATION:						

147052 5/94

ANESTHESIA RECORD* - Page 3	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312744 - ITEM: 10082444 - ELEM: 45591162 - FLAGS: 1M	

500685.034.0011

ANES

Maine Medical Center Anesthesia Record

Page 4 of 4

PATIENT NAME LABEL

PACU Admission Note

Date 10/6/97 24-Hr Time 1040

[illegible]

147052 5/94

ANESTHESIA RECORD* - Page 4		Maine Medical Center		Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M		MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97	
Copy For: ROI MGT COMM		REQ: 536793 - DET: 4312745 - ITEM: 10082444 - ELEM: 45591167 - FLAGS: IN		

500685.034.0012

OR 50

MAINE MEDICAL CENTER Operating Room Record Page 1 of 3

FANTOZZI RONALD M		ASU-0
SEX	043236330002	62 M NPR
MAYLHOT PAUL MD		DT: / /
SPM:		TH: :
PROCEDURE DATE	OR ROOM NO.	SCHEDULED TIME
10/11/97	1019	0945
CPT CODES		24 HR EST TIME
		1

PROCEDURE: Principal Right Lower Leg EXAM # 30590

Additional:

ALLERGIES / REACTIONS <input checked="" type="checkbox"/> NKA										
ROOM OPEN	PREOP	ENTER ROOM	PHYSICIAN AVAIL	PROC START	INCISION	CLOSURE	PROC STOP	LEFT ROOM	CLEANUP	EXPIRED TIME
0915	1	0920	0920	0925	1	1	1030	1035	1040	1
# REQUIRED			DEVICES/ETC				IMPAIRMENTS			
RECEIVED FROM			<input checked="" type="checkbox"/> DENTURES				<input checked="" type="checkbox"/> HEARING			
IDENTIFIED BY			<input type="checkbox"/> EYEGLASSES / LENSES				<input type="checkbox"/> SIGHT			
PRE-OP DX			<input type="checkbox"/> HEARING AID				<input type="checkbox"/> MEMORY			
POST-OP DX			<input type="checkbox"/> REMOVABLE PROSTHESES				<input type="checkbox"/> MUSCULOSKELETAL			
ANES TYPE			ANESTHESIOLOGIST				RESIDENT ANESTHESIOLOGIST			
ASA #			P. MURPHY				CRNA			
ATTENDING PHYSICIAN			P. MAYLHOT MD				RESIDENT			
SCRUB PERSON(S)							RELIEF			
CIRCULATING NURSE(S)							RELIEF			
CELL SAVER / LASER / PERFUSIONIST / CVAT							OTHER			

NRSG DX		PLAN / INTERVENTIONS	
Anxiety related to impending surgery procedure, possible findings and anesthesia		ARRIVAL STATUS	
EXPECTED OUTCOMES		EMOTIONAL STATUS	
Patient will manage anxiety by discussing feelings about surgery, anesthesia, and hospitalization. Patient will verbalize basic understandings of perioperative activities prior to surgery.		SUPPORTIVE REASSURANCE GIVEN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
OUTCOME MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>		Awake <input checked="" type="checkbox"/> Exhibits anxiety / fear <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
NRSG DX		Responds to stimulus <input type="checkbox"/>	
High risk for alteration in skin integrity related to prior risk factors, prep solutions, or pre-op shave		Nonresponsive <input type="checkbox"/>	
EXPECTED OUTCOMES		Verbalizes anxiety / fear <input type="checkbox"/> Y <input type="checkbox"/> N	
The patient will be free of redness, bruises, abrasions, blisters, and/or burns		Intubated <input type="checkbox"/>	
OUTCOME MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>		Pre-medicated <input type="checkbox"/>	
BRADEN SCALE #		SKIN PREPARATION	
Inspect skin integrity		Shave <input type="checkbox"/> Prior OR <input checked="" type="checkbox"/> In OR	
Warm <input checked="" type="checkbox"/>		By <input type="checkbox"/> Clipper <input checked="" type="checkbox"/> Razor	
Cool <input type="checkbox"/>		Nicks/Cuts <input type="checkbox"/>	
Dry <input checked="" type="checkbox"/>		Reactions:	
Moist <input type="checkbox"/>		Prep Solutions <input type="checkbox"/> Iodophor Scrub <input type="checkbox"/> Solution	
Intact <input checked="" type="checkbox"/>		<input type="checkbox"/> Duraprep <input type="checkbox"/> Duraprep Remover	
Other <input type="checkbox"/>		<input type="checkbox"/> Alcohol <input type="checkbox"/> Hibidens	
Other <input type="checkbox"/>		<input type="checkbox"/> Other	
Skin reaction @ grounding pad site <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Prep by <u>NA</u>	

OR 50

CHART COPY

440416 (REV. 5/97)

OPERATING ROOM FORM 50*1 - Page 1		Maine Medical Center		Printed: 08/27/03 13:55	
Patient: FANTOZZI, RONALD M		MR#: 04323633		Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97	
Copy For: ROI MGT GOMMR		REQ: 536793 - DET: 4312746 - ITEM: 10082482 - ELEM: 45591456 - FLAGS: IN			

500685.034.0013

OR50

MAINE MEDICAL CENTER Operating Room Record Page 2 of 3

FANTOZZI RONALD M ASU-0
043236330002 62 M NPR
MAILHOT PAUL MD DT: / /
SPM: TN: :
PROCEDURE DATE 10/06/97 OR ROOM NO. 24 EST TIME 1:15
SCHEDULED YES NO SCHEDULED TIME 07:45

NRSG DX High risk for injury related to intraoperative hazards EXPECTED OUTCOMES Patient will be free from injury related to positioning, electrical or physical hazards. Patient remains free from injury related to the intraoperative experience	PLAN / INTERVENTIONS						
	SAFETY STRAP: <input type="checkbox"/> In place <input type="checkbox"/> Preop / Postop <input checked="" type="checkbox"/> N/A POSITIONING / PROTECTIVE DEVICES <table border="1"> <tr> <td> POSITIONING <input checked="" type="checkbox"/> Supine <input type="checkbox"/> Lithotomy Lateral: <input type="checkbox"/> L <input type="checkbox"/> R Side up <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Table <i>PAUL</i> HEAD <input type="checkbox"/> Foam Headrest <input type="checkbox"/> Donut <input checked="" type="checkbox"/> Pillow <input type="checkbox"/> Mayfield </td> <td> TRUNK <input type="checkbox"/> Beanbag <input type="checkbox"/> Axillary roll <input type="checkbox"/> Shoulder roll <input type="checkbox"/> Hip roll <input type="checkbox"/> Chest roll <input type="checkbox"/> Univ-hip pos <input type="checkbox"/> Wilson Frame </td> <td> ARMS L R <input type="checkbox"/> Secured at side Armboard: <input type="checkbox"/> Extended <input checked="" type="checkbox"/> At side LEGS L R <input type="checkbox"/> Stirrups <input type="checkbox"/> Pillow under leg <input type="checkbox"/> Knee positioner </td> <td> PADDING L R <input checked="" type="checkbox"/> Arm pad <input type="checkbox"/> Elbow pad <input type="checkbox"/> Knee pad <input type="checkbox"/> Heel pad or boot <input type="checkbox"/> Eggcrate mattress <input type="checkbox"/> Gel mattress pad <input type="checkbox"/> Foam pad <input type="checkbox"/> Gel pad <input type="checkbox"/> Pillow <input type="checkbox"/> Sheepskin </td> </tr> </table>				POSITIONING <input checked="" type="checkbox"/> Supine <input type="checkbox"/> Lithotomy Lateral: <input type="checkbox"/> L <input type="checkbox"/> R Side up <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Table <i>PAUL</i> HEAD <input type="checkbox"/> Foam Headrest <input type="checkbox"/> Donut <input checked="" type="checkbox"/> Pillow <input type="checkbox"/> Mayfield	TRUNK <input type="checkbox"/> Beanbag <input type="checkbox"/> Axillary roll <input type="checkbox"/> Shoulder roll <input type="checkbox"/> Hip roll <input type="checkbox"/> Chest roll <input type="checkbox"/> Univ-hip pos <input type="checkbox"/> Wilson Frame	ARMS L R <input type="checkbox"/> Secured at side Armboard: <input type="checkbox"/> Extended <input checked="" type="checkbox"/> At side LEGS L R <input type="checkbox"/> Stirrups <input type="checkbox"/> Pillow under leg <input type="checkbox"/> Knee positioner
POSITIONING <input checked="" type="checkbox"/> Supine <input type="checkbox"/> Lithotomy Lateral: <input type="checkbox"/> L <input type="checkbox"/> R Side up <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Table <i>PAUL</i> HEAD <input type="checkbox"/> Foam Headrest <input type="checkbox"/> Donut <input checked="" type="checkbox"/> Pillow <input type="checkbox"/> Mayfield	TRUNK <input type="checkbox"/> Beanbag <input type="checkbox"/> Axillary roll <input type="checkbox"/> Shoulder roll <input type="checkbox"/> Hip roll <input type="checkbox"/> Chest roll <input type="checkbox"/> Univ-hip pos <input type="checkbox"/> Wilson Frame	ARMS L R <input type="checkbox"/> Secured at side Armboard: <input type="checkbox"/> Extended <input checked="" type="checkbox"/> At side LEGS L R <input type="checkbox"/> Stirrups <input type="checkbox"/> Pillow under leg <input type="checkbox"/> Knee positioner	PADDING L R <input checked="" type="checkbox"/> Arm pad <input type="checkbox"/> Elbow pad <input type="checkbox"/> Knee pad <input type="checkbox"/> Heel pad or boot <input type="checkbox"/> Eggcrate mattress <input type="checkbox"/> Gel mattress pad <input type="checkbox"/> Foam pad <input type="checkbox"/> Gel pad <input type="checkbox"/> Pillow <input type="checkbox"/> Sheepskin				
OUTCOME MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/> POSITIONED BY: <i>PAUL</i>							

COUNTS OPENING FINAL	Circulator	Scrub	Sponge		Sharps		REPOSITIONED		
			Correct	Incorrect	Correct	Incorrect	Correct	Incorrect	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physician informed of count results <i>na</i>			<input type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		

ELECTROSURGICAL UNIT <input type="checkbox"/> N/A MONOPOLAR Unit # _____ BIPOLAR Unit # _____ OTHER Unit # _____ Grounding Pad Site _____ Applied By _____ ESU Pad Lot# _____ ESU Pencil Lot# _____	LASER <input type="checkbox"/> N/A Type _____ Unit # _____ User Minutes _____ RADIOLOGY <input type="checkbox"/> N/A <input type="checkbox"/> Foreign Body <input type="checkbox"/> Fx Reduction <input type="checkbox"/> Image <input type="checkbox"/> Location <input type="checkbox"/> _____	TOURNIQUET <input type="checkbox"/> N/A <input type="checkbox"/> Pneumatic <input type="checkbox"/> Other Unit # _____ Applied by _____ Setting _____ Location _____ TIME(S) _____ INFLATION _____ DEFLATION _____	DEFIBRILLATOR <input type="checkbox"/> N/A Unit # _____ INTERMITTENT COMP DEVICE <input type="checkbox"/> N/A Unit # _____ Applied by _____
---	---	---	---

NRSG DX High risk for Alteration in Body Temperature related to OR Environment, skin exposure, and open wounds. EXPECTED OUTCOMES Body temperature is within normal limits. Skin feels warm.	PLAN / INTERVENTIONS	
	ASSESS SKIN TEMP @ beginning of case. Cold _____ Warm _____ Hot _____ Patient c/o coldness <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Warming Blanket on bed Set at _____ degrees Celsius <input checked="" type="checkbox"/> Body Temp monitored <input checked="" type="checkbox"/> Warm blankets applied <input checked="" type="checkbox"/> Wet / constrictive clothing removed <input checked="" type="checkbox"/> Metal / plastic surfaces that come in contact with patient covered <input type="checkbox"/> IV fluids / irrigations prewarmed <input checked="" type="checkbox"/> Room temperature monitored <input type="checkbox"/> Standard <input type="checkbox"/> <65° <input type="checkbox"/> >72°
OUTCOME MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>		

NRSG DX High risk for fluid volume deficit related to NPO status, loss of body fluids. EXPECTED OUTCOMES Normal fluid volume will be maintained.	PLAN / INTERVENTIONS		
	URINARY CATHETERIZATION <input type="checkbox"/> N/A <input type="checkbox"/> Inserted prior to OR <input type="checkbox"/> Inserted in OR by _____ <input type="checkbox"/> Straight Type _____ Size _____ <input type="checkbox"/> Indwelling Type _____ Size _____ Preop Characteristics _____ Amt _____ Postop Characteristics _____ Amt _____	MONITOR IRRIGATING SOLUTIONS <input type="checkbox"/> N/A Type _____ Amt _____	MONITOR DRAINAGE <input checked="" type="checkbox"/> N/A Type _____ Amt _____
SPONGES WEIGHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
OUTCOME MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			

CHART COPY

440416 (REV. 5/07)

OPERATING ROOM FORM 50*1 - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312747 - ITEM:10082482 - ELEM:45591462 - FLAGS:IN	

500685.034.0014

OR50

MAINE MEDICAL CENTER Operating Room Record Page 3 of 3

FANTOZZI RONALD M ASU-D
043236330002 M NPR
HAILHOT PAUL MD DT: / /
SPN: TN: / /

PROCEDURE DATE: / / OR ROOM NO. SCHEDULED YES NO SCHEDULED TIME: / / 24 HR EST TIME

NRSO DX High risk for infection related to Intraoperative Procedures.	PLAN / INTERVENTIONS					
	Tube/Drain/Pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Wound Classification <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Implant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
EXPECTED OUTCOMES Patient will be free from the hazards contributing to wound infection. Potential for post op infection will be decreased.	TUBES	SIZE	TYPE	DRAINS	SIZE	TYPE
	<input type="checkbox"/> Nasogastric			<input type="checkbox"/> Vacuum drain		
	<input type="checkbox"/> IG tube			<input type="checkbox"/> Penrose		
	<input type="checkbox"/> Suprapubic			<input type="checkbox"/> Vesicostomy		
	<input type="checkbox"/> Chest			<input type="checkbox"/> CBC Reservoir		
	<input type="checkbox"/> Jejunostomy			<input type="checkbox"/>		
OUTCOME MET <input type="checkbox"/> NOT MET <input type="checkbox"/>					Wound left open <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

MEDICATION GIVEN <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	AMOUNT	ROUTE	SITE	24 HOUR TIME	INITIALS / NAME

SPECIMENS <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	A - Routine	G - Protein
B - F Section	H - Sugar	
C - ERA	I - Cytology	
D - Culture	J - Lymph Node	
E - Smear	K - Stone Analysis	
F - Cells	L - Cystourine	

REPORT GIVEN TO NAME / TITLE	UNIT	TIME (24 HR TIME)
TRANSFERRED TO: <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Nursing Unit <input checked="" type="checkbox"/> ASU <input type="checkbox"/> NICU <input type="checkbox"/> Xray <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Morgue		1030
TRANSFER STATUS: <input checked="" type="checkbox"/> IV running <input type="checkbox"/> O ₂ <input type="checkbox"/> Monitored <input type="checkbox"/> Siderails up <input type="checkbox"/> Intubated <input type="checkbox"/> Extremity immobilized <input type="checkbox"/> Hips abducted		
TRANSFER VIA: <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> Other		
CANCELLATION		

DELAYS
SIGNATURES
NURSE'S NOTES

CHART COPY

440418 (REV. 5/97)

OR50

OPERATING ROOM FORM 50-T - Page 3	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMHR	REQ: 536793 - DET: 4312748 - ITEM: 10082482 - ELEM: 45591475 - FLAGS: IN	

500685.034.0015

ORSO

Maime Medical Center
Extracorporeal Shock Wave Lithotripsy (ESWL)
TREATMENT DATA FORM

FANTOZZI RONALD M ASU-0
043236330002 /62 M NPR
NAILHOT PAUL MD DT: / /
SPH: TM: / /

Patient Name: _____ ESWL#: 876
 Street: _____
 City, State, Zip: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____ Phone #: _____
 Attending Urologist: P. Nailhot Anesthesiologist: P. Wilkerson
 Treatment side: ☒ Left ☐ Right ☐ Bilateral Treatment # 1 of 1
 Anesthesia Type: ☐ General ☐ Spinal ☐ Epidural ☐ Local ☒ Other: ROXANE ☐ None
 Times: Into Mobile Unit: 0920 Out of Mobile Unit: 1030 Total Time in Mobile Unit: 75
 ESWL Start at: 0930 ESWL Stop at: 1030 Total ESWL Time: 60
 Anesthesia start at: 0925 Anesthesia Stop at: 1030 Total Anesthesia: 65
 Fluoroscopy Minutes: 12 Number of Spot Films: _____ KV: 121 MA: 25
 Doctor Delays (minutes): _____ Anesthesia Delay (minutes): _____
 Stone Localization Problem (minutes): _____ Describe: _____
 Patient Medical Problem (minutes): _____ Describe: _____
 Lithotripter Problem (minutes): _____ Describe: _____
 Sient Problem (minutes): _____ Describe: _____
 Other (minutes): _____ Describe: _____
 Electrode # _____ : _____ shocks at 2 kv Electrode # _____ : _____ shocks at _____ kv
 Electrode # _____ : _____ shocks at 4 kv Electrode # _____ : _____ shocks at _____ kv
 Electrode # _____ : _____ shocks at 6 kv Electrode # _____ : _____ shocks at _____ kv
 Electrode # _____ : _____ shocks at 8 kv Electrode # _____ : _____ shocks at _____ kv
 TOTAL NUMBER OF SHOCKS: 460 900

Ureteral Catheterization: ☒ None ☐ Left ☐ Right Percutaneous Tube: ☒ None ☐ Left ☐ Right
 Contrast Ab co _____ brand
 Stents: ☐ None ☒ Left ☐ Right Insertion Date: 9/19/97
 Swelling: ☒ None ☐ S ☐ M ☐ L Erythema: ☐ None ☐ S ☐ M ☐ L Hematuria: ☐ Yes ☒ No ☐ Clots
 Number of Stones: 2 ESWL Renal Stone Locations Left: ☒ Right: _____

STONE LOCATION	LENGTH (cm)	WIDTH (cm)
Pelvic		
Calyceal: Upper		
Middle		
Lower		
Ureteral: Upper	<u>1.2 cm</u>	<u>7 mm</u>
Middle		
Lower		

ENTRANCE PETECHIAE: ☒ None
 Sm Med Lg
 Few Many

EXIT PETECHIAE: ☒ None
 Sm Med Lg
 Few Many

Comments: _____

Allergies: HEPESPositioning: ☐ L-Oblique ☐ R-Oblique ☐ Prone ☐ Transgluteal SupineCompleted by: Hail Beaudet

146007*

White - Chart

Yellow - Physician

Pink - UMS, INC

Gold - Dept. of Surgery

2/80

OPERATING ROOM FORM 50*T - Page 4	Maime Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312749 - ITEM: 10082482 - ELEM: 45591481 - FLAGS: IN	

500685.034.0016

MAINE MEDICAL CENTER

MAINE MEDICAL CENTER

* REQUEST COPY *

NAME FANTOZZI, RONALD M
DOS 10/06/97 REQ NO 01233415
READ 10/08/97 TYPED 10/10/97 10:29
RADIOLOGIST FINEGOLD, ROBERT

0008 OP
PAT ID 04323633 DOB [REDACTED]/62
REFERRED BY MAILHOT, PAUL
TYPED BY LJM LOCATION AS
RESIDENT FISHER, MICHAEL

+MIS+ R2790043

EXAM: KUB AND LEFT OBLIQUE, 10/6/97 74020GC

INDICATION: Prior ESWL

This study was reviewed with Dr. Finegold.

FINDINGS: Supine and left oblique views of the abdomen were obtained and there are no previous studies available for comparison. A double J ureteral stent is present on the left with the proximal tip coiled in the region of the left renal sinus and the distal tip overlying the expected region of the bladder. A 5x8mm calcific density is seen directly adjacent to the proximal portion of the ureteral stent on both projections and consistent with a proximal ureteral calculus. A 4mm calcific density is seen at the very tip of the left 12th rib that moves with the rib and is not believed to be a renal calculus. A very tiny, 1mm calcific density is seen overlying the lower pole of the left kidney on both views and could possibly represent a tiny calculus. No other calculi are seen along the ureteral stent. Some very faint calcific-type density is seen overlying the lower pole of the right kidney. Surgical sutures are seen within the right mid to lower abdomen. There is no obvious mass or organomegaly and a non-specific bowel gas pattern.

IMPRESSION: 5x8mm proximal left ureteral stone.

FINDINGS CODE: P

M.T. Fisher, M.D./R.B. Finegold, M.D.

I have personally reviewed this study, was present for any critical procedural component and agree with this report.

DICTATED BY FINEGOLD, ROBERT, M. D.
APPROVED BY BIBER, BARBARA, M. D.

Department of Radiology 1

22 Bramhall Street, Portland, Maine 04102-3175 (207) 871-2571

A member of the MaineHealth family

A Teaching Hospital of the University of Vermont College of Medicine

JUL 16 1997

RADIOLOGY RESULTS* - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312750 - ITEM: 10082494 - ELEM: 45591518 - FLAGS: IN	

500685.034.0017

NRAR

Maine Medical Center
Nursing ServicesPATIENT HEALTH HISTORY
AND ASSESSMENT RECORD
HEALTH HISTORY

PATIENT NAME LABEL

Page 2 of 2

DO YOU HAVE OR HAVE YOU EVER HAD? (Check all applicable. Explain YES answers)			
	No	Yes	Explain
Heartburn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Unsteady walk / Falls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ringing in the ears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fractures / Dislocations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Arthritis / Buck / Neck problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heart problems / Chest pains	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Heart murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ankle / Leg swelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blood pressure problems (high/low)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Peripheral vascular disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Difficulty breathing / Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chronic emphysema / Cough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lung problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Swallowing / Chewing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nausea / Vomiting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Weight gain / Loss last 6 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Thyroid problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ulcer / Rectal bleeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Kidney / Urinary problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stroke / Seizure / Severe headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dizziness / Blackouts / Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hepatitis / Jaundice / Mononucleosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexually transmitted disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Anesthesia problems / Complications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cold / Sore throat / Sinusitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bleeding disorders / Anemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chickenpox	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

PREVIOUS HOSPITALIZATION / SURGERY / ILLNESS (List most recent first): <input type="checkbox"/> None		
Date	Reason	Hospital
9/16/97	Left Ureteral Calculus	St. Mary's Hospital
7/87	Removal of Gall Bladder	CMHC
1987 or 88	Crohn's Disease	CMHC

IMMUNIZATION: Tetanus? No ☐ Yes ☒ Date 1994 Flu? No ☒ Yes ☐ Date _____ Pneumonia? No ☐ Yes ☒

*CHILDHOOD IMMUNIZATION: Up to date? No ☐ Yes ☒ Recent exposure to: _____

VISION:	HEARING:	DENTAL:	ASSISTIVE DEVICES:
<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Own Teeth	<input type="checkbox"/> Cane
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Impaired	<input type="checkbox"/> Chipped Teeth	<input type="checkbox"/> Wheelchair
<input checked="" type="checkbox"/> Glasses	<input type="checkbox"/> Deaf _____ right _____ left	<input type="checkbox"/> Retainer	<input type="checkbox"/> Walker
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hearing Aid _____ right _____ left	<input type="checkbox"/> Loose Teeth	<input type="checkbox"/> Other none
<input type="checkbox"/> Blind		<input type="checkbox"/> Missing Teeth	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Dentures _____ upper _____ lower	
		<input type="checkbox"/> Bridges _____ removable _____ permanent	
		<input type="checkbox"/> Poor Condition	
		<input type="checkbox"/> Capped Teeth	

FEMALES ONLY:	DO YOU HAVE AN ADVANCE DIRECTIVE? (i.e., living will):
<input type="checkbox"/> Date of Last Menstrual Period _____	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
<input type="checkbox"/> Pregnant	If no, have you received information on an advance directive? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
<input type="checkbox"/> Breast Feeding	If yes, did you bring it with you to the hospital? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
	or
	Do you have a current copy in your medical record? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

SIGNATURE (Patient / Family Member)

Ronald Zetany

Date 10-6-97

SIGNATURE (Registered Nurse)

Date

RN to circle devices (glasses, dentures, cane) brought to hospital by patient.

*Pediatric patients only

NRAR 146060 10/96

NURSING ADMISSION REC - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMHR	REQ: 536793 - DET: 4312752 - ITEM: 10082470 - ELEM: 45591382 - FLAGS: IN	

500685.034.0019

NRAR

Maine Medical Center
Nursing ServicesPATIENT HEALTH HISTORY
AND ASSESSMENT RECORD
PATIENT ASSESSMENT - ADULT

Page 1 of 2

FANTOZZI RONALD M
043236330001 / 62 M NRP
MAILHOT PAUL MD DT: / /
SPH: TM: / /

To be completed by the registered nurse. Vital signs, mass, and height may be delegated to other nursing staff.

PHYSICAL ASSESSMENT PARAMETERS	T	P	R	B/P	MASS	HEIGHT
The following parameters will be considered a normal assessment. If the physical assessment is within normal limits, indicate with a checkmark (✓) in the box after the particular assessment area. An asterisk (*) in the box denotes a finding that requires further elaboration on the lines to the right.						
NEUROLOGICAL ASSESSMENT (Neuro AP): Alert and oriented to time, place, and person. Range of motion all extremities. No numbness, tingling or burning.						
CARDIOVASCULAR ASSESSMENT (Cardiovasc AP): Regular apical pulse. No edema present. Peripheral pulses palpable.						
RESPIRATORY ASSESSMENT (Resp AP): Respirations quiet and regular. Lung sounds clear bilaterally.						
GASTROINTESTINAL ASSESSMENT (GI AP): Abdomen soft. Bowel sounds active. No nausea or vomiting. Tolerates diet. Having BMs within own normal pattern and consistency.						
URINARY ASSESSMENT (Urinary AP): Able to empty bladder without dysuria or incontinence; bladder not distended after voiding; urine clear and yellow to amber; catheter functioning properly; free of vaginal / penile discharge or irritation.						
INTEGUMENTARY ASSESSMENT (Integ AP): No evidence of mouth sores or skin rashes. Skin color is within patient's norm; skin warm, dry and intact; turgor appropriate for age; mucous membranes moist and intact. Braden Scale: Score of 17 or greater.						
MUSCULOSKELETAL ASSESSMENT (Musculoskel AP): Absence of joint swelling and tenderness. Functional range of motion of all joints. No muscle weakness. Surrounding tissues show no evidence of inflammation, swelling, ulcerations, or rashes.						
NEUROVASCULAR ASSESSMENT (Neurovasc AP): Peripheral pulses palpable. No muscle weakness. Affected extremity is warm and movable within patient's average range of motion. No inflammation, swelling, ulceration or rashes.						
FUNCTIONAL HEALTH PATTERNS ASSESSMENT						
ACTIVITY EXERCISE						
Is assistance required in ADLs? No <input type="checkbox"/> Yes <input type="checkbox"/> (if YES, indicate areas listed below):						
Bathing	No <input type="checkbox"/> Yes <input type="checkbox"/>	Eating	No <input type="checkbox"/> Yes <input type="checkbox"/>	Walking	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Dressing	No <input type="checkbox"/> Yes <input type="checkbox"/>	Toileting	No <input type="checkbox"/> Yes <input type="checkbox"/>	Medications	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Comments:						
NUTRITION / FLUID						
Special Diet: No <input type="checkbox"/> Yes <input type="checkbox"/>						
Eating: No Difficult <input type="checkbox"/>	Dysphagia <input type="checkbox"/>	Food intolerance <input type="checkbox"/>	Change in thirst: No <input type="checkbox"/> Yes <input type="checkbox"/>			
IV site present No <input type="checkbox"/> Yes <input type="checkbox"/>	Date of insertion	Location of Site	Type of device	Condition of site		
Comments:						
COMFORT / REST						
Pain / Discomfort: No <input type="checkbox"/> Yes <input type="checkbox"/> Where?						
Type: Burning <input type="checkbox"/>	Dull <input type="checkbox"/>	Pressure <input type="checkbox"/>	Heavy <input type="checkbox"/>	Sharp <input type="checkbox"/>	Cramping <input type="checkbox"/>	Other
Intensity: (Circle) 0 1 2 3 4 5 6 7 8 9 10 (0 = no pain, 10 = worst)						
Duration: Constant <input type="checkbox"/> Intermittent <input type="checkbox"/>						
Does pain interfere with sleeping? No <input type="checkbox"/> Yes <input type="checkbox"/>						
What relieves the pain? Resting <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Medication <input type="checkbox"/> Other <input type="checkbox"/>						
Do you have a history of sleeping problems? No <input type="checkbox"/> Yes <input type="checkbox"/>						
Comments:						

NRAR 146067 10/96

NURSING ADMISSION REC - Page 3	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312753 - ITEM: 10082470 - ELEM: 45591388 - FLAGS: IN	

500685.034.0020

NRAR

Maine Medical Center
Nursing ServicesPATIENT HEALTH HISTORY
AND ASSESSMENT RECORD
PATIENT ASSESSMENT - ADULT

PATIENT NAME LABEL

Page 2 of 2

PSYCHOSOCIAL ASSESSMENT			
Affect / Mood: Calm <input type="checkbox"/> Depressed <input type="checkbox"/> Apprehensive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other _____			
Cooperative: No <input type="checkbox"/> Yes <input type="checkbox"/> Coping: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Understands reason for hospitalization: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Expresses self clearly: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Has this illness / hospitalization affected your family or relationships? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Do you have financial concerns about your healthcare? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Would you like a referral to a social worker? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Are you being hurt or controlled in a close relationship? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Are there any religious, traditional, ethnic, or cultural practices that need to be part of your care? No <input type="checkbox"/> Yes <input type="checkbox"/> What? _____			
Is there any way the hospital can assist you with your religious practices? No <input type="checkbox"/> Yes <input type="checkbox"/> How? _____			
EDUCATION / LEARNING			
Speech: <input type="checkbox"/> Normal <input type="checkbox"/> Problems _____			
Language(s) spoken: <input type="checkbox"/> English <input type="checkbox"/> Other(s) _____			
Memory problems: No <input type="checkbox"/> Yes <input type="checkbox"/> Short term: No <input type="checkbox"/> Yes <input type="checkbox"/> Long term: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Learning problems: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Are there any questions that you have at this time about your health care problems? _____			
DISCHARGE PLANNING ASSESSMENT			
Where do you plan to go when discharged? _____			
Do you have someone to help you after discharge? No <input type="checkbox"/> Yes <input type="checkbox"/> Who? _____			
Are you responsible for care of anyone else? No <input type="checkbox"/> Yes <input type="checkbox"/> Who? _____			
Are you or others in your household currently receiving any home health services? No <input type="checkbox"/> Yes <input type="checkbox"/>			
What Services? _____ From what agency? _____			
Do you have someone to pick you up when discharged? No <input type="checkbox"/> Yes <input type="checkbox"/> Who? _____ Phone #: _____			
REFERRALS INITIATED			
<input type="checkbox"/> Continuing Care <input type="checkbox"/> Nurse Specialist <input type="checkbox"/> Pastoral Care			
<input type="checkbox"/> Nutrition <input type="checkbox"/> Geriatric Assessment Team <input type="checkbox"/> Other _____			
<input type="checkbox"/> Social Work			
ADVANCE DIRECTIVE FOLLOW UP			
<input type="checkbox"/> Advance directive materials given. <input type="checkbox"/> Copy of current advance directive on chart.			
<input type="checkbox"/> Patient referred to physician for further information.			
<input type="checkbox"/> Patient does not want advance directive at this time.			
PRIORITY NEEDS			
10/2 AM phone call - instructions given to pt. Dr. Fowler			
RN Signature _____		Date _____	24-hr time _____
If patient assessment done within 30 days prior to admission			
Repeat vital signs: T 36° P 80 R 20 B/P 139/74 MASS 147lb HEIGHT _____			
Review Patient Assessment Record for changes.			
Changes: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (Record specifics in the patient progress notes.)			
RN Signature <i>Adeline J. [Signature]</i>		Date 10/6/97	24-hr time 810

NRAR 146067 10/96

NURSING ADMISSION REC - Page 4	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312754 - ITEM:10082470 - ELEM:45591397 - FLAGS:IN	

500685.034.0021

NURS

Maine Medical Center
Nursing Services
PRE-OPERATIVE RECORD
Page 1 of 2

FANTOZZI RONALD M PAUB
043236330001 62 M NPR
MAILHOT PAUL ND DT: / /
SPM: TN: /

Date: _____

FAMILY MEMBER TO BE NOTIFIED AFTER SURGERYName: Debra FantozziRelationship to Patient: WifeWhere to be reached by Physician after surgery completed: ASU Waiting room**GENERAL PREPARATION FOR THE OPERATING ROOM**

A. REMOVED FROM PATIENT	ON UNIT	IN OR	PATIENT REFUSED
Nail Polish/Lipstick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairpins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ring (do not tie/tape)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Glasses/Contact Lens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Items/Prostheses:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. ITEMS SENT TO OR WITH PATIENT:

☒ IDENT-A-BAND in place Medication(s): (list) _____ X-rays: _____
☒ MEDI-ALERT in place _____
☒ Religious medal(s) _____

C. SPECIAL PRECAUTIONS:**LOCATION:****D. TRANSFERRED WITH:**

☒ Nephrology Shunt
☒ Vascular Access Device

☒ Telemetry
☒ O2

E. INTAKE/OUTPUT:

Last time voided _____ am/pm ☐ Foley ☐ Urinary Diversion NPO since MD

DOCUMENTATION**PLACED IN/ON CHART:**

☒ History/Physical
☒ Labels
☒ Allergy Sticker
☒ No Allergies

☒ Chest X-ray Report
☒ Laboratory Report
☒ EKG Reports
☒ Old Record

☒ Patient Consent Form
☒ Consent for Surgical and Medical Treatment
☒ Consent for Anesthesia

PRE-OPERATIVE MEDICATIONS

DRUG	DOSE	ROUTE	24-HR. TIME

Given by: _____

Signature/Title

NURS 146001 6/96

HAND WRITTEN NR RECORD - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312755 - ITEM:10082475 - ELEM:45591416 - FLAGS:IN	

500685.034.0022

NURS

Maine Medical Center
Nursing Services**PRE-OPERATIVE RECORD**

Page 2 of 2

PATIENT NAME LABEL

Date: _____

MISCELLANEOUS☐ Appropriate Physician Orders Discontinued☐ Interim Summary Sent

Other comments: _____

Person responsible for discharging patient to O.R. personnel:

Signature/Title

Unit

HOLDING ROOM DOCUMENTATION

24-Hr. Time of Arrival: _____

24-Hr. Time of Departure: _____

Transferred To: _____

Accompanied By: _____

NURSING OBSERVATIONSI.V. Present: ☐ Yes ☐ No

24-Hr. Time Started in Holding Room: _____

Location: _____

Solution/Rate: _____

Started by: _____

I.V. Pre-meds: _____

Voided: ☐ Yes ☐ NoPatient Status: ☐ Calm ☐ Apprehensive ☐ Other (specify) _____

Other Comments: _____

R.N.

Signature

NURS 146001 6/96

HAND WRITTEN NR RECORD - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312756 - ITEM: 10082475 - ELEM: 45591422 - FLAGS: IN	

500685.034.0023

DSNR

Maine Medical Center
Nursing Services
Ambulatory Surgical Unit

LITHOTRIPSY DISCHARGE INSTRUCTIONS

Page 1 of 1

FANTOZZI RONALD M PAUB
043236330001 /62 M NPR
MAILHOT PAUL MD DT: / /
SPH: TN: /

Activity:

Limit your activity to resting for the rest of the day.
No driving or working for the next 24 hours.

Diet:

Increase daily fluids by 2 quarts over what you usually drink for the next 1-2 weeks.
Advance your diet as tolerated. Small meals are suggested for the first day.

Urine:

During the next 1-2 weeks strain all of your urine through the screen provided to you.
Save all stone fragments and bring them with you to your next appointment with your urologist.

Medication:

If you have pain, you may wish to take an over-the-counter pain medication.
If this does not control the pain, you should have the pain medication prescription filled
and take as directed.

Other Instructions:**Call your physician for:**

1. Pain not controlled by the medication prescribed for you.
2. Fever above 101°F (38.3°C)
3. Shaking chills
4. Continuous nausea

If unable to reach your physician, you may report to Maine Medical Center's Emergency Department.

Follow-up Appointment:

Make an appointment to see your urologist sometime during the next 1-2 weeks regardless of how you feel. This is to allow your urologist to see how you are doing and to review what has happened during your stone treatment.

You may have stone fragments still in your kidney, and you may need follow-up x-rays.
Your urologist will schedule these x-rays if needed.

Physician's Name: Dra Mailhot Phone: 783-7892

I have read and understand the above instructions.

Mrs. Fantozzi
Signature of Responsible Adult

[Signature]
RN Signature

DSNR 148697 5/97

Original: Medical Record

Copy: Patient

NURSING DISCHARGE SUM - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312757 - ITEM:10082459 - ELEM:45591246 - FLAGS:IM	

500685.034.0024

CHART CHECK LISTPAU ASU

	HISTORY & PHYSICAL	<i>dictated - Calleen in transcription said all set for ASU</i>
✓	SURGERY CONSENT	<i>Pt. will bring arm of (per Yvette@office)</i>
	ANESTHESIA CONSENT	<i>am of</i>
	NURSE	<i>am of</i>
→	PRE OP ORDERS	<i>wid a booking KUB (as outpt @ 0800) booked by Yvette@office xray notified to send films to ASU & pt</i>
✓	LABS	
✓	EKG	
✓	CXR	
-	ASU POST OP ORDERS	
✓	DISCHARGE INSTRUCTIONS	
	ALLERGY STICKER	<i>?</i>
	OTHER:	

147049*

MISCELLANEOUS REPORTS* - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312758 - ITEM: 10082466 - ELEM: 45591309 - FLAGS: IN	

500685.034.0025

Patient Name FANTOZZI, RONALD Sex M Birth Date 04/16/1962
 Address 40 POLAND RD Admit Date
 City AUBURN State ME Date Entered 09/18/1997
 Zip 04210 Soc Sec # Orig Admit Date
 Phone 207 782-3873 Med Rec #
 Alt Phone Ext Contact

 Diagnosis LEFT RENAL CALCULI
 Procedure PREADMIT LEFT ESWL
 NO PREOP

 Insurer
 Insurer #2

 Provider Phy MAILHOPA MAILHOT, PAUL R
 Ordering Phy

 Patient Type AU Bed Type Code

 Questionnaire H
 Patient Comments

 Insurance #1
 Insurance #2

Related Date
 Primary Date 10/06/1997
 Primary Time 09:45
 Treatment Date 10/02/1997
 Case Time 00:10

MISCELLANEOUS REPORTS*T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312759 - ITEM:10082466 - ELEM:45591318 - FLAGS:IM	

500685.034.0026

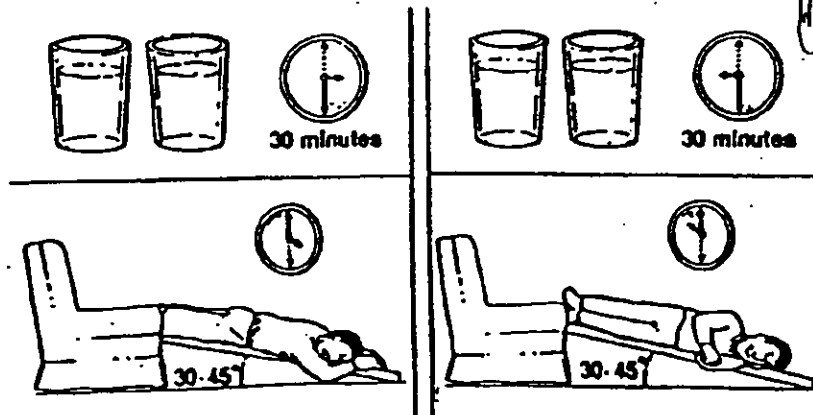
FANTOZZI RONALD M
043236330001
MAILHOT PAUL MD
SPN: _____
62 M NPR
DT: / /
TH: /

POST ESWL POSITIONING

After the Extracorporeal Shock Wave Lithotripsy treatment the kidney stones are reduced to small particles ranging in size from dust to small gravel. Most of these fragments are passed out of the kidney due to the normal flushing action of the manufacturing of urine. However, sometimes dust and small fragments settle in the more dependant calyces of the kidney. We have developed a method involving drinking fluid and assuming positions that drain those parts of the kidney where fragments seem to hold up. We have been quite successful in increasing the fragment passage of many of our patients.

In order to perform the positioning procedure the patient should:

1. Drink two 8 ounce glasses of water.
 2. Wait 30 minutes (otherwise the patient may experience nausea).
 - 3a Lie on an inclined plane (30-45 degrees), head down face down for 30 minutes.
 - 3b Lie on inclined plane (30-45 degrees), head down, affected kidney up.
 4. After getting up, drink another 8 ounce glass of water.
- These steps should be followed twice a day alternating 3a & 3b.
5. When sleeping, whenever possible sleep with the affected kidney up.



DISCHARGE INSTRUCTIONS* - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312765 - ITEM:10082464 - ELEM:45591288 - FLAGS:IN	

500685.034.0027

FOOD GROUP**FOODS RECOMMENDED TO USE****FOODS RECOMMENDED TO AVOID****Fruits and
Fruit Juices**

Tender cooked, canned or frozen fruits (applesauce, apricots, fruit cocktail, grapefruit, orange sections, peaches, pears, pineapple); ripe banana, fresh peeled soft peaches and pears; jellied cranberry sauce.

Avocados, coconut, dried fruits such as dried apricots, prunes, dates, figs, raisins; all raw, cooked, canned or frozen fruits other than those listed as allowed; whole cranberry sauce, cherries, plums, grapes, strawberries.

All fruit juices except prune juice.

Prune juice.

**Vegetable and
Vegetable Juice**

Cooked tender vegetables such as asparagus, green or wax beans, beets, carrots, spinach, summer squash, zucchini squash, (pureed) winter squash, mushrooms, smooth tomato sauce, well cooked peas, if tolerated.

All raw vegetables and all other cooked vegetables such as barley, artichokes, broad beans, broccoli, brussel sprouts, cabbage, eggplant, lentils, rutabagas, turnips, tomatoe tomato sauce with seeds and/or skins or pieces of tomato, sauerkraut, dried peas and beans, lima beans.

All Vegetable juices.

Desserts

All plain cakes, pies, cookies prepared with refined flours and which do not contain seeds, coconut, nuts, dried fruits, or other restricted ingredients; plain ice cream, sherbets, custards, puddings, and cream pies when substituted as part of the milk allowance; gelatin dessert prepared with allowed ingredients, water ices; hard candies; chocolate in moderation.

All desserts and sweets made with whole grain flours or which contain seeds, coconut, nuts, dried fruits or other restricted ingredients; puddings, ice creams, and sherbets and cream pies in excess of milk allowance; candies which contain nuts, coconut, or dried fruits.

DISCHARGE INSTRUCTIONS* - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312766 - ITEM:10082464 - ELEM:45591291 - FLAGS:IN	

500685.034.0028

ORDS

Maine Medical Center
DOCTOR'S ORDER SHEET

Name: _____

FANTOZZI RONALD M
043236330001
MAILHOT PAUL MD
SPH: _____

PAUL
62 M HPR
DT: _____
TH: _____
WE LABEL

Date	24-Hour Time	Dr.	Action	Nurse
9/6/97		Fregus stable, Thor 91° Signs to Des as tol His Dr. H. N. S. 125 cc/hr. R. Percor Cupro Activity and lib Office i week		Matal Hue
10/6/97	1200	May give Tylox I-II po now. Discharge patient p.o. D. Maulton		Matal Hue 10-6-97

Specify individual dose of medication; route, frequency and duration, if limited.

ORDS 147001 4/96

DOCTORS ORDERS*T - Page 1		Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M		MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR		REQ:536793 - DET:4312767 - ITEM:10082488 - ELEM:45591493 - FLAGS:IN	

500685.034.0029

CNST

PATIENT NAME LABEL

Consent for Surgical and Medical TreatmentPatient Name Ronald F. Fantozzi Date _____

Patient Number _____ Treatment Location _____

I hereby consent to and authorize the performing physician, residents and other individuals involved in this care to perform the following procedures or treatment:

ESWL X URETERAL STONE

and such additional operations or procedures as are considered advisable on the basis of findings during the course of this procedure(s), including blood transfusion.

The physician performing the procedure or his designee has explained to me the purpose and benefits of, and the usual and most frequent risks and hazards involved in such procedures and treatment, including but not limited to:

HEMATURIA, PAIN IN POST-OP PERIOD, HYPERTENSION,
RENAL DAMAGE, INFECTION.

The physician performing the procedure or his designee also has explained to me any reasonable alternative treatments or procedures and, as appropriate, their usual and most frequent risks and hazards. I understand that I have the right to refuse any suggested procedures or treatment.

I understand that the practice of medicine is not an exact science and practitioners cannot guarantee results. No guarantees have been made to me concerning the results of the proposed procedures or treatments. I am aware that other risks such as severe loss of blood, infection and cardiac arrest exist with the proper performance of any treatment or procedure.

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT

DATE

If the patient is a minor or is unable to give informed consent, the following must be completed:
The patient is unable to sign this consent form for himself or herself because _____

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT REPRESENTATIVE DATE

IDENTIFICATION OF BLOOD RELATIONSHIP OR AUTHORIZED CAPACITY TO CONSENT

If consent is obtained by telephone, the following must be completed:

- 1) Consent obtained by telephone ☐; check if yes.
- 2) Name of person giving consent and relationship to patient: _____
- 3) Name of third party witness: _____
- 4) Signature of third party witness: _____
- 5) Signature of Physician/Designee: _____

CONSENT FORM*Y - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
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Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312768 - ITEM: 10082454 - ELEM: 45591198 - FLAGS: IN	

500685.034.0030

Ronald Fantozzi

PAUL R. MAILHOT, M.D.
 287 MAIN STREET, SUITE #300
 LEWISTON, ME 04240
 (207)783-7892

INFORMED CONSENT FOR ESWL

Extracorporeal Shock-Wave Lithotripsy (ESWL) is a noninvasive method for the treatment of renal and ureteral stones. This method has now been in clinical use for eight years and the majority of stones located in the upper urinary tract are potentially eligible for this noninvasive procedure. The lithotripter generates shockwaves under water that pass through the soft tissue of the body and are concentrated upon the stone. This high energy source is likely to pulverize the stone into small particles the size of sand or gravel. Most patients will pass these particles spontaneously in their urine during the weeks following a lithotripsy treatment. Anesthesia may be required for ESWL, as shockwave therapy with the current FDA approved devices can be painful. Some flank pain may be anticipated for several days following the lithotripsy treatment. Most patients will have bloody urine for several days or perhaps weeks following the treatment as the particles pass. It is even possible that a patient could experience obstruction of flow of urine by large fragments following lithotripsy treatment and this might necessitate cystoscopic or surgical intervention. The placement of a double-J stent prior to lithotripsy treatment may help to eliminate this possibility.

Other possible side-effects include anemia, nausea and vomiting, and in rare incidences hematomas involving the kidney. The occurrence of new onset hypertension is controversial. Most investigators do not currently feel there is enough evidence to support a causal relationship between ESWL and new onset hypertension.

The obvious advantage to lithotripsy treatment is that it obviates the need for surgical treatment in a large percentage of patients. Certain types of stones, however, may not be pulverized with lithotripsy treatments and may require other procedures to eliminate these stones. These other procedures include: percutaneous removal, ureteroscopy, and rarely open surgery.

Following the lithotripsy treatment, follow-up x-rays and renal ultrasounds will be obtained to assess the passage of stone particles. If a stent has been placed prior to the lithotripsy treatment, this will be removed when most of the particles have passed. Repeat ESWL procedures may be necessary if large fragments remain or are not well pulverized.

I understand the above information and agree to proceed with extracorporeal shockwave lithotripsy as outlined by Dr. Mailhot.

Ronald Fantozzi
 Signature

10-2-97
 Date

[Signature]
 Witness

Paul R. Mailhot
 Paul R. Mailhot, M.D.

CONSENT FORM*T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
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500685.034.0031

CNST

Maine Medical Center
PATIENT CONSENT FORMFANTOZZI RONALD M
043236330001 PAUB
MAILHOT PAUL MD DT: 62 M NPR
SPN: TH: :
Date: _____

I. CONSENT TO TREATMENT

I, _____, am presenting myself/my _____ to the Maine Medical Center for evaluation or treatment of an injury or illness. I hereby consent to and authorize Maine Medical Center, its physicians, residents, interns, employees, and other individuals involved in this care to administer such diagnostic procedures or treatment or both as may be advisable to evaluate and treat such injury or illness.

I understand that the physician or surgeon responsible for this care has the responsibility to explain to me the purpose of, benefits, and the usual and most frequent risks and hazards involved in the diagnosis and treatment of any illness or injury as well as alternative courses of treatment. I further understand that I have the right to refuse any suggested examinations, tests or treatment.

I understand that Maine Medical Center is dedicated to teaching, that authorized trainees may observe and assist in diagnosis and treatment, and that photography for the purpose of diagnosis, teaching, and documentation may be taken. I reserve the right to give specific permission for publication of any photograph which personally identifies me.

WITNESS

PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

☐ Witnessed personally ☐ Witnessed via telephone

II. RELEASE OF INFORMATION

I authorize the Maine Medical Center to release information to other health care institutions, organizations or facilities who may consider providing any post-hospital care.

I also authorize Maine Medical Center to release information contained in the medical record, including photocopies of the history and physical, physician progress notes or discharge summary, unless they contain information recognized by state and federal law as requiring my specific written consent, to my insurance carrier(s) or other third parties paying for this care, including my employer. I understand that I may revoke this authorization at any time should I desire by notifying the Director of Medical Record Services in writing.

I further understand that if I refuse to authorize the release of such information, then such refusal may cause payment by others to be delayed or denied and I will be financially responsible for such services.

WITNESS

PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

III. PAYMENT AND/OR ASSIGNMENT OF BENEFITS

I understand that I am responsible for payment of all charges associated with this hospitalization. I further understand that I am financially responsible in the event that payment is denied or rejected by my health insurance carrier(s) or third parties and for those charges not covered by the policy benefits as deductible and co-insurance or otherwise not covered by this assignment. I hereby assign to Maine Medical Center a sufficient amount of all money to which I may be or become entitled to as a result of this hospitalization and further authorize payment from my health insurance carrier(s) or other financially responsible third parties directly to Maine Medical Center to the extent necessary to pay for this hospitalization.

WITNESS

POLICY HOLDER

DATE

144010 11/01

CONSENT FORM* T - Page 3	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT: GOMMR	REQ: 536793 - DET: 4312770 - ITEM: 10082454 - ELEM: 45591211 - FLAGS: IN	

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CNST

Maine Medical Center

PATIENT ANESTHESIA CONSENT FORM

Page 1 of 2

FANTOZZI RONALD M PAUB
 043236330001 62 M NPR
 MAILHOT PAUL MD DT: / /
 SPM: TM: /

1. **Consent.** I hereby consent to and authorize the performing physicians of the Anesthesia Department, residents and other individuals involved in my care, to administer anesthesia, perform invasive monitoring and administer blood or blood products, including transfusion, as appropriate for my proposed surgery.
2. **Planned Anesthetic Techniques.** The following anesthetic technique(s) are planned for my procedure and have been explained to me by Dr. (L. J. L. L.), who has also explained the reasonable alternative techniques and, as appropriate, their usual and most frequent risks and hazards:
- ☒ General anesthesia induced by either an injection in my vein or the breathing of a gas or both, and which may involve the use of a breathing tube in my windpipe or other breathing device.
 - ☐ Spinal/epidural anesthesia whereby a portion of my body is numbed by the injection of drugs through a needle inserted into the appropriate space in my back.
 - ☒ Sedation/monitored anesthesia care induced by either an injection in my vein or the breathing of a gas or both.
 - ☐ _____ block whereby a part of my body is numbed by an injection of drugs around an appropriate nerve.
 - ☐ Epidural, spinal or caudal pain relief whereby pain is reduced by infusing drugs into a catheter or needle placed in the appropriate space before or after surgery or childbirth.
 - ☐ _____
3. **Other Techniques.** I am aware that unforeseen problems may arise prior to or during the management of my anesthetic which may require the use of additional or different techniques. If a change is advisable on the basis of findings, I hereby request and authorize the use of additional techniques, procedures and treatments as are considered advisable by the performing physician.
4. **Usual and Most Frequent Risks and Hazards.** I have been informed of the usual and most frequent risks and hazards inherent in the proposed anesthetic, including but not limited to the following:
- ☒ General Anesthesia/Sedation: Nausea, vomiting, damage to teeth including chipping and cracking, drug reactions, sore throat, hoarseness, muscle soreness, changes in blood pressure, _____
 - ☐ Regional Anesthesia (Spinal, epidural, _____ block): Pain, bleeding, infection, temporary or permanent nerve damage, numbness or loss of feeling, headaches, drug reactions including seizure, back soreness, changes in blood pressure, _____

I am aware that these are the usual and most frequent risks and hazards. I am also aware that other risks and hazards are possible, some of which may be life threatening.

Continued on other side

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CONSENT FORM*Y - Page 4	Maine Medical Center	Printed: 08/27/03 13:55
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Copy For: ROI MGT GOMMR	REQ: 536793 - DET: 4312771 - ITEM: 10082454 - ELEM: 45591220 - FLAGS: IN	

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CNST

Maine Medical Center

PATIENT ANESTHESIA CONSENT FORM

Page 2 of 2

PATIENT NAME LABEL

5. **No Guaranty.** I am aware that the practice of medicine and surgery, including anesthesia, is not an exact science and I acknowledge that NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF MY ANESTHETIC TREATMENT OR PROCEDURE.

Ronald M. Fantozzi
Signature of Patient

Date

David M. Smith 11-2-97
Signature of Physician or Designee Date

If the patient is a minor or is unable to give informed consent, the following must be completed:

The patient is unable to sign this consent form for himself or herself because: _____

Signature of Patient

Date

Signature of Physician or Designee

Date

Identification of Blood Relationship or Authorized Capacity to Consent _____

If consent is obtained by telephone, the following must be completed:

Name of person giving consent and relationship to patient: _____

Name of third-party witness (please print): _____

Signature of third-party witness

Signature of Physician/Designee

CNST 144020 4/97

CONSENT FORM*T - Page 5	Maine Medical Center	Printed: 08/27/03 13:55
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